## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076
Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information	ח															
Name and Mailing Address of Respondent     Lumos Payroll Corp.     One Lumos Plaza     One Lumos Plaza	Responder	#												Check his a char address.	Check here if this is a change of address.	
ort Filed		ω	Reporting Period Cov	Reporting Period (Ending Deriod Covered by Report)	Reporting Period (Ending Date of Pay Period Covered by Report)			4. Number of Reporting	Number of Full-Time Employees during Reporting Period (check one):	ployees duri	ng Selected	V anly)				
2019			3/15/19	9				a. Fev b. 16	Fewer than 16 (complete Sections I, IV, and V only)  16 or more (complete all sections)	omplete Sectional Section	ons)	(V only)				
SECTION II - Full-Time Employees.	es.							Num	Number of Employees	/ees						
								(Report employees in only one caregory)  Race/Ethnicity	Race/Ethnicity	one category						
Job		Hispanic or	2						Not-Hispanic or Latino	c or Latino						Total
Categories		Latino				Male	ē					Female	ale			Columns A - N
	Male	-	Female	White	Black or African American	Native Hawaiian or Other	Asian	American Indian or Alaska	Two or more races	White	Black or African American	Native Hawaiian or Other	Asian	American Indian or Alaska	Two or more races	
						Islander						Islander				
	A		В	C	D	т	F	G	I	:   -	د	,	,			84
Officials and Managers	1.1			66	2		_			-1						3
First/Mid-Level Officials and 1 Managers	1.2			70	ω					44	2					120
Professionals	2 2		2	196	∞	1	6		-	102	16			_		333
Technicians	3 2			88	8		4		2	S	Ç,		_			113
Sales Workers	4			38	2					35	-		-			77
Administrative Support	Ch			13	3					50	9		-			76
Craft Workers	6			15	2											17
Operatives	7															0
Laborers and Helpers	œ															0
Service Workers	9															0
	10	6	2	486	28	-	=	0	ယ	250	31	0	Ç	-	0	822
JUS YEAR TOTAL	=	6	0	298	<b>%</b>	0	9	0	w	178	13	0	0	-	0	516
	-	L													Revised De	FCC 395 Revised December 2007

Title of Person Signing General Counsel and Secretary	5/29/19 1	SECTION V - Certification  I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.		This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this	SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	PREVIOUS YEAR TOTAL	TOTAL	Service Workers	Laborers and Helpers	Operatives	Craft Workers	Administrative Support Workers	Sales Workers	Technicians	als	First/Mid-Level Officials and 1.2 Managers	Executive/Senior Level Officials and Managers 1.1				Categories	5	SECTION III - Part-Time Employees.
ıd Se	yped or Mary	owledge	y body h Comming parti	Commi	ninatior	=======================================	10	9	8	7	o	CI	4	ω	2	2			3				ees.
creta	Printed   McI	informa	ission the	ssion th	Compl	0	0											>	Male	Latino	Hispanic or		
Ŋ	Typed or Printed Name of Person Signing Mary McDermott	ition, and be	at the following date file	at no compla	aints Pursu	0	0											В	Female	70	ic or		
	son Signing	lief, all statem	sdiction in suc ng complaints d, courts or a	ints regarding	ant to 47 CFF	0	0											C	White				
OF ANY S		ents in this r	alleging viol gencies befor	violations of	22.321, 23.	0	0											D	Black or African American				
Y FALSE STA		eport are true	ations of the p	the equal em	55, 90.168, 10	0	0											Е	Native Hawaiian or Other Pacific Islander	Ma			
NSE OR COM	Signature	and correct.	rovisions of a natter has bee	ployment pro	01.4, and 101	0	0											F	Asian	Male			
NSTRUCTION	ary		any equal emp	visions of Fed	.311.	0	0											G	American Indian or Alaska Native				Num (Report empl
S FORM ARE I PERMIT (47	Mc 8		port. ployment opportunity of the opportunity of th	leral, state, te		0	0											I	Two or more races		Not-Hispar	Race/Ethnicity	Number of Employees (Report employees in only one category)
U.S.C. 312 (/	the		ortunity statute er designation	rritorial, or loca		4	ιω								2	_		-	White		Not-Hispanic or Latino	,	yees one category)
A)(1) AND/OR	mos		have been fi	al statutes ha		0	0											د	Black or African American				
FORFEITUR	1		led against thi status or disp	ve been filed a		0	0											7	Native Hawaiian or Other Pacific Islander	Female			
E (47 U.S.C.	(540) 94		s company. osition.	against this		0	0											٦	Asian	nale			
503).	(540) 946-2000					0	0											Z	American Indian or Alaska Native				
ST) ANDIOR T	0					0	0											z	Two or more races				
WILLFULLY FALSE STATEMENTS MADE ON ITHIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (10 0.5.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	EVOCATION					4	y,	0	0	0	0	0	0	0	2	_	0	0		A-N	Total		